

Make it Happen!

THE COLLEGE EXPERIENCE

**COLLEGE
SUCCESS
FOUNDATION**

**2009
Application**

Seattle University

July 22-25

Summer 2009

What is Make it Happen?

- **Make it Happen!** is a **FREE** summer program for Washington State foster youth interested in learning about college and scholarship opportunities.
- You will experience college life by attending workshops, participating in fun activities, and living in the dorm for four days and three nights.
- This program will occur on July 22-25 at Seattle University.

Who is eligible?

An applicant must be:

- Recognized as a dependent youth in Washington State, federal or tribal out-of-home care.
- Either a sophomore, junior or senior in high school or enrolled in or graduated from a GED program.

Why should I go?

- Your Make it Happen! College experience- from your transportation, workshops, t-shirts, campus meals, and dorm room- is paid for by the College Success Foundation, costing YOU nothing!
- You will have the chance to meet people your age from similar backgrounds. Together, you will be given the tools needed to create a stable environment through education.
- While you are on campus, you will not only learn about the steps it would take for you to get into college, but you will learn about money available to help YOU pay for college. You won't do this alone. Peer mentors, staff, volunteers, and inspiring speakers, many who were in foster care themselves, will all be working together for you and your peers toward college success. **Make it Happen!**

The College Success Foundation will notify all applicants in writing by May 4, 2009.



CHANGE OF ADDRESS? NEW PHONE NUMBER? QUESTIONS OR CONCERNS?

For any questions or comments regarding Make it Happen! Please contact: Lori Parrish

Toll Free: 1-877-655-4097 Direct Line: 425-679-5551 Fax: 425-416-2001

Email: makeithappen@collegesuccessfoundation.org

Website: www.collegesuccessfoundation.org/makeithappen

Remember that the application (postmark) deadline is Tuesday, April 28th 2009!



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Please type or neatly print all responses. Answer all questions on this application. If a question does not apply to you, write "N/A".

Part One – Eligibility

Applicants must meet two eligibility requirements below.

1. I am recognized as a dependent youth in Washington State, federal or tribal out of home care.

2. In **Fall 2009** I will be a (check one box):

☐ A sophomore

☐ A junior

☐ A senior

☐ In a GED program

☐ Graduated from a GED program

☐ Entering Freshman year of college

Name of Washington State high school or GED program _____

Part Two – Applicant Information

Applicant Name (First, MI, Last): _____

Nickname: _____

Date of Birth (Month/Day/Year): _____ Age: _____ Gender: ☐ Female ☐ Male

Mailing Address: _____ Apt #: _____ City: _____

County: _____ State: _____ Zip: _____ E-mail: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

How did you hear about this program? _____

Did you attend *Make It Happen!* any previous year(s)? ☐ Yes, in 2005 ☐ Yes, in 2006 ☐ Yes, in 2007

☐ Yes, in 2008 ☐ No, I have not attended

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The following items are collected for research and program development purposes and will not be part of the selection process.

Are you a U.S. Citizen? ☐ Yes ☐ No If no, are you a legal permanent resident? ☐ Yes ☐ No

Ethnicity (how you best describe yourself; please read all choices and choose only one):

- ☐ African ☐ American Indian ☐ Asian, Asian American ☐ Pacific Islander
☐ Black American ☐ White or Caucasian ☐ Hispanic – of European ancestry
☐ Hispanic/Latino—of Mexican, Central or South American or Caribbean (Cuban, Puerto Rican, Dominican) ancestry
☐ Multi-Racial (please specify) _____ ☐ Other (please specify) _____

Part Three – Registration

Caregivers/Guardians: Please answer the following questions. Write “N/A” if a question does not apply to the student. Please note that this information does not affect a student’s eligibility. This information is used for health and safety:

1. Student participants will stay in shared residence hall rooms with shared bathrooms and showers. If there are special housing needs or other accommodations requested, please explain them:

2. Student participants may not bring their children to the summer program. Please explain any child care expenses students may need help with:

3. Please list any allergies the student has (food, seasonal, etc.):

4. Please describe any medical, supervision or mobility restrictions the student has (example: asthma, social anxiety, physical disabilities, self injury, etc).

Is the student pregnant? _____ If yes, due date: _____

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5. Please list the student's current medications as well as the dosage and time of day each is taken:

(If you need more space please attach a separate sheet of paper.)

6. Physician Name: _____

Please provide contact information for someone we can call in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Cancellation Policy:

Please consider program planning and expenses (transportation, roommate assignments, meals and supplies) for each participant who agrees to attend ***Make It Happen!*** If a student participant cannot attend the program dates, please inform Lori Parrish toll free: 1-877-655-4097 **no later than July 15, 2009.**

Part Four – Caregiver Information & Student Expectations

Caregiver/Guardian- Check below if either applies:

☐ Health concerns ☐ Behavior concerns

Please explain concerns and any additional supervision needs: _____

In order to better serve our youth please mail or fax a letter regarding the above concerns for this student, if either box is checked above.

Applicant Name (First MI Last): _____

Caregiver Name: _____

Phone Number: () _____ Email: _____ @ _____

STUDENT- Please initial the first and last name before each line and sign at the bottom.

I agree to:

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- _____ Follow all program guidelines and participate fully in all activities; if I am not feeling well and need to leave a workshop or activity, I will let my peer mentor know and check-in with the Information Center staff.
- _____ Remain on the college campus at all times and in my assigned residence hall room at night during sleeping/lights out times.
- _____ Refrain from the use or possession of illegal substances, including alcohol and/or tobacco products. *Make it Happen is a non smoking environment.*
- _____ Refrain from instigating and/or participating in any illegal activities.
- _____ Wear the name badge that I will be issued at all program activities for the duration of the event.
- _____ Male and females will be residing on separate floors in the residence halls, and are not allowed on floors of the other gender (unless otherwise scheduled on the agenda to meet in a lounge with their color team). No sexual conduct will be tolerated.
- _____ Be respectful of others and property; this includes using socially appropriate language at all times, wearing clothing items that follow high school dress codes and not mistreating others or property..
- _____ Respond and follow instructions from College Success Foundation staff and all ***Make it Happen!*** mentors and volunteers.
- _____ Participate in Accuplacer testing if requested.
- _____ Bring or mail an unofficial transcript from your current school.

I agree to follow the above rules.

Student Signature _____ Date _____

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CONSENT AND RELEASE FORM

I CERTIFY BY MY INITIALS AND SIGNATURE BELOW, THAT I HAVE READ AND UNDERSTAND EACH ITEM DESCRIBED HERE AND AGREE TO ITS TERMS.

☐ **Consent to Program Participation**

I agree to attend *Make It Happen! The College Experience* late July 2009.

☐ **Release of Liability**

Except for recklessness and intentional misconduct, I release the ***Make It Happen!*** Program ("Program"), the College Success Foundation ("CSF"), and the college or university on the campus of which the event will be held, and their respective directors, officers, agents, and employees (collectively, "Releases") from liability for any loss, damage, injury or illness resulting from my participation in this activity. I promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releases or any of them. I remain fully responsible for all of my actions.

☐ **Consent to Medical Care**

In the case of injury or illness, I authorize the Program representatives to seek all necessary medical attention for my safety. I hereby authorize and give consent to any licensed physician or health care provider, to perform upon or administer any reasonably necessary medical treatment to me. This authorization is intended to cover emergency treatment, injections, and minor procedures. I also give permission to administer any necessary or advisable anesthetic during a medical procedure. This permission is good only while I am participating in the Program. In such case, I understand that my insurance carrier or I will be responsible for any and all medical expenses incurred.

☐ **Release of Information**

I further understand that the information submitted to the College Success Foundation may be shared immediately and in the future, between the CSF staff, the ***Make it Happen!*** Advisory Committee, my caregiver(s), social worker(s), Washington State Independent Living Programs, Foster Care to College Mentor providers, and the Department of Social and Health Service, and the Washington State Institute for Public Policy as part of its research efforts regarding educational outcomes of Washington State foster youth.

☐ **Release of Media Coverage**

I further understand that as a ***Make It Happen!*** participant, media coverage may be involved (such as photos and/or taping). I hereby release any claim I may have surrounding rights to my name, image, voice, or likeness, and I agree that the Program, and CSF may use my name, image, voice, or likeness in connection with current and future publicity.

Print Name _____ (First MI Last) Phone number (_____) _____

Signature _____ Age _____ Date _____

*Guardian Name (print) _____ (First MI Last) Phone number (_____) _____

*Guardian Signature _____ Date _____



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☐ Social Workers- Please check this box to indicate your status for student tracking purposes.

* A guardian signature is required only if you are under age 18. Your social worker should sign as your guardian if DSHS is your legal guardian. If your foster parent is your guardian then they may sign. When complete please return to the student applicant for mailing.

Student Application Check List

- ☐ Fill out and sign pages 2, 3, and 4.
- ☐ Have social worker, caregiver or guardian fill out and sign page 5.
- ☐ Please mail with your application with an unofficial transcript from your current school.
- ☐ Mail or fax your completed application (pages 2 through 5) before our priority deadline on April 28th!
- ☐ Mark your calendar for this event, sometime in **July**. Exact date and location be announced.
- ☐ If you have received the Washington State Governors' scholarship you will be automatically enrolled in the **Make It Happen!** summer program.

Please Mail or Fax your completed application (pages 2 through 5) to:

Make It Happen!

College Success Foundation
1605 NW Sammamish Road, Suite 100
Issaquah, WA 98027
Fax: 425-416-2001

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